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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 58098(71417)	
Application Number 10/633,407-Conf. #6007		Filed August 1, 2003	
For CELL MODULATION USING A CYTOSKELETAL PROTEIN			
Art Unit 1646		Examiner E. B. O'Hara	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$ 525.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$ _____
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71.	
	<input checked="" type="checkbox"/>	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number	55,289
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.	
		Registration number if acting under 37 CFR 1.34	_____
Electronic Signature: /Melissa Hunter-Ensor, Ph.D./		November 1, 2007	
Signature		Date	
_____ Melissa Hunter-Ensor, Ph.D. Typed or printed name		_____ (617) 517-5580 Telephone Number	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.